

**H.B. 843 Kentucky Commission on Services and Supports for Individuals  
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis  
December 9, 2004 Meeting Minutes  
100 Fair Oaks Lane  
Frankfort, Kentucky**

**Commission Members Present:** Representative Mary Lou Marzian, Secretary James Holsinger, Pat Wear, Steve Shannon, John Rees, Shannon Turner, Representative Charlie Siler, Senator Charlie Borders, Senator Johnny Ray Turner, Representative Bob Damron, Wanda Bolze, Maureen Fitzgerald, Rickie Dublin, Robin Ritter, Bernie Block, Bob Hicks, Bill Cooper, Davey King, Elizabeth Heilman, Sara Wilding, Sandy Goodlett, Karyn Hascal, and Peggy Washington.

**WELCOME**

- Co-Chair Secretary Holsinger called the meeting to order and made brief introductory remarks.
- Representative Marzian welcomed everyone and asked that everyone introduce themselves and the organization they represent. Representative Marzian asked for a motion to approve the minutes from the June Meeting. Senator Borders motioned, Representative Damron seconded and the Commission members approved.

**Medicaid Modernization**

*Mark Birdwhistell – Undersecretary Cabinet for Health and Family Services*

Mark Birdwhistell gave an overview of the Medicaid Modernization and discussed how the concept was developed. Initial fact finding showed the following statistics:

- 50% to 60% of the individuals in long-term care facilities are on Anti-psychotic medications;
- 95% of long-term care facilities with 50 or more patients have 5% of patients on 20 or more prescriptions at one time;
- Approximately 33,000 Medicaid recipients receiving 20 or more different prescriptions in 180-day period at a cost of \$300 million in drug costs.
- Approximately 35-50 physicians/providers identified with unusual drug prescribing patterns.

These statistical findings helped identify problem areas that needed improvement. There are three main components to Medicaid Modernization; 1) Benefit Management 2) Care Management 3) Improvements in technology.

The PBA (Pharmacy Benefit Administrator) has been awarded to First Health Services. This program was implemented on December 6, 2004. By December 8, 2004, 116,000 claims had been received.

The Care Management program will oversee and provide: leading edge medical care management; support a high quality provider network; and reduce fraud, abuse and waste.

The Improved Technology component will provide better interoperability; easier data sharing and the ability to track patient and physician history.

Secretary Holsinger said that this is the first time in forty years that Medicaid will be able to credential physicians. We will have the ability to track patient and physician with true data, utilizing the new technology to enhance service.

Mark Birdwhistell reiterated that Medicaid is being modernized not privatized. We don't want drugs taken away from the people who need them; we want the population that needs them to get them. Without data we have not been able to accomplish this in the past.

Mary Lou Marzian asked Secretary Holsinger if there had been any discussion on capping the Medicaid Funding?

Secretary Holsinger responded that while the projected increase in Medicaid costs is expected to be 10% per year, obviously something has to be done but they are not in favor of the Federal Block Grant idea.

Discussion followed among Commission Members regarding the focus on Quality Care.

Secretary Holsinger stated that 29,335 Medicaid recipients are responsible for 43% of the overall Medicaid budget; these are the cases that because of technology were not identified before and will now be the focus.

❖ *See meeting handouts for additional information.*

### **Department of Mental Health and Substance Abuse Reorganization and Vision**

*Pat Wear - Commissioner of Mental Retardation, Mental Health and Substance Abuse*

Commissioner Wear discussed the new organizational structure for the Department of Mental Health and Substance Abuse and the short term strategic plan for the department. The time limit set to implement the short term strategic plan has been estimated to be 24 to 36 months. Three voluntary workgroups were formed to begin the process of implementing the overall plan.

The strategic plan is being called: *Windows of Opportunity*. The Governor's Policy Making Team has reviewed the initiative and has been given the go ahead to proceed. The concept behind this plan is to utilize Best Practices when administering services to provide the best outcomes using limited resources. We as a department are aggressively pursuing Best Practice Services and focusing on improving our Q & A system to improve overall quality for consumers by measuring the services we provide.

The Best Practice Umbrella encompasses the following "Best Practice" concepts:

- Best Practice
- Promising Practice
- Evidence-Based Practice
- Science Based Practice

❖ *See meeting handouts for additional definitions.*

### **Division of Mental Health and Substance Abuse Update**

*Steve Shannon – Director of Mental Health and Substance Abuse*

Steve Shannon introduced himself as the new Director of Mental Health and Substance Abuse. Steve gave a brief overview of his last seven years with KARP and how he has been involved with the HB843 Commission since its inception. The Windows Project along with the HB843 Commission have a common goal to improve the quality of life for individuals by providing the best services available. Our main goal is to identify what steps we can take to achieve this goal and make that happen?

Mary Lou Marzian welcomed Steve to his new position with the Department.

## **Review of Lexington and Louisville Public Forums on the Draft Hospital Concept Paper**

*Dr. James Holsinger – Secretary Cabinet for Health and Family Services*

Secretary Holsinger stated that as we heard feedback on the concept, it opened up an opportunity for conversation regarding the facilities and ideas on how to move forward. He has asked Commissioner Wear to work with some of his people using the input that was received at the public forums and compile another concept paper. Secretary Holsinger stated that if we have a document to work from it gives us something to respond to and it generates discussion. We are not going to adopt the initial concept paper that was developed but we need to work together to find an approach that we all believe will benefit the individuals needing services. I am committed to an open process in finding solutions and ideas. I think the HB843 Commission is a great place to work on these concepts until we find a plan we can move forward. I would like to continue this type of dialogue between the Cabinet and the people that it affects.

## **Prefiled Legislation**

*Kevin Payton – Legislative Director, Cabinet for Health and Family Services*

Kevin Payton introduced himself and gave brief introductory remarks on the overall environment of the upcoming General Assembly. Representative Charlie Siler will be the chairman of the Appropriations and Revenue Committee. The focus of this short session will be the budget and tax modernization issues. Kevin said that this is a significant time to bring up some issues that we would like to see proposed or changed in the next session.

Mary Lou Marzian reiterated that in a short session it is sometimes difficult to pass many bills allowing for the time it takes to get a bill passed.

Representative Bob Damron said that he hoped that the three weeks between organizational and start up will be spent discussing the budget and tax modernization trying to get a handle on what the two bodies want to do during the actual session. Therefore when the session begins we will be able to proceed with a plan on how to resolve these issues more quickly. I also want to reiterate what Mary Lou stated that it is very difficult to pass a lot of legislation during a short session. The calendar is not conducive to the process required to pass a piece of legislation. The short sessions were meant for fine tuning existing legislation, not for passing new pieces of legislation.

Molly Clouse asked Representative Bob Damron if because of the short session this was a good time to file a bill or is it better to wait for the next long session?

Representative Damron said that it's best to start building a consensus for your bill during the short session and then pre-file the bill for the next regular session.

Senator Borders said he is optimistic about the upcoming session because there aren't re-elections this year. We are in the process now of working on the budget so we can use the session to work together on a budget.

Kevin Payton discussed a few pieces of pre-filed legislation that may effect the Department.

- Mary Lou Marzian discussed the proposed 75 cent tax on cigarettes. Money from this tax will go toward Mental Health issues, Medicaid, Public Health, etc.
- There is a bill on expanded gaming, BR204 and BR5. Some of the money raised from these bills would be used for Mental Health services

- BR29 filed by Senator Taft proposes to amend statutes requiring criminal background checks on various types of counselors.

There are pro's and con's to all of these bills, so we will be improving these bills as the process proceeds.

Mary Lou Marzian asked Kevin Payton to notify the legislators as bills are filed that might affect Mental Health and/or Substance Abuse issues to give them a head's up.

Bernie Block asked what happened to the recommendations that the HB843 Commission suggested be put in the budget last year?

Mary Lou Marzian suggested that the recommendations made by the Commission last year be carried forward and considered in the budget this year.

### **Substance Abuse**

*Karyn Hascal – Director, Office of Drug Control Policy*

Karyn gave an overview of the Drug Summit's that were conducted across the state. One of the major recommendations identified during this process was the need to create a major entity to coordinate initiatives between prevention, treatment and law enforcement. It became clear that there were a lot of efforts being conducted across the state but collaboration between these entities was needed. The Office of Drug Control Policy was then created by an Executive Order to oversee these efforts. We are not intended to be a new office that conflicts with existing programs, departments, etc.; it is a policy making body that will bring together these other initiatives that are already going on. The Departments will still be implementing and administering their programs. We want to make sure that we don't have conflicting initiatives going on within the same community. We will be an agency that looks at policy, coordination and makes recommendations to the Departments. Hopefully we will obtain some new funding from a variety of sources and be able to provide funding for additional services.

We have three basic functions:

- Conduct additional Community Needs Assessments throughout the state.
- Promote Best Practices be used when providing services.
- Compliance Branch to offer funding for some pilot projects such as Drug Courts and other initiatives that need funding.

Karyn stated that there is a great deal of support for this initiative and I am pleased to be a part of this endeavor.

### **Commission Organization**

*Mary Lou Marzian – Co-Chair and State Representative*

Mary Lou distributed a letter to the Governor that is a synopsis of the two-year report that is due this year. The letter highlighted the Commission's focus over the past two years. The budget recommendations from the last report will be presented during the upcoming session.

Senator Borders motioned to approve the letter to the Governor and Representative Damron seconded the motion.

### **Jail Triage Update**

*Connie Milligan – Regional Director Intake and Emergency Services*

Connie gave a synopsis of the Jail Mental Health Crisis Network. There are four main components of the program:

- Standardized screening instrument for jails;
- Telephonic triage by QMHP for people who screen;
- Follow up consultation by the regional CMHC for those in acute distress;
- Data collection.

So far six CMHC regions and 35 jails have been trained. Nineteen jails are participating in the telephonic triage. Within the next month three CMHC regions and 21 jails will be trained and the other five regions and jails will be trained by April 2005.

Connie discussed the preliminary data that was collected from 9/1/04 through 12/8/04. During that time 780 triages were completed identifying suicide risk factors in 48%. She stated that this data is in the early stages so may not be completely accurate. Data collection over a longer period of time will be more conclusive. Since the onset, there have been no suicides in the jails that are participating.

### **Public Education/Anti-Stigma**

*Carol Carrithers – Seven Counties Services, Inc.*

Carol stated that on behalf of the Public Education/Awareness Committee by the time the session begins a media resource guide that was developed by the committee will be published. This guide will serve as a resource for the media who are interested in doing stories related to Mental Health and Substance Abuse issues. We sent out a request for information to approximately 100 organizations throughout the state and whether they would be willing to discuss Mental Health and Substance Abuse issues if contacted. We had 47 organizations state that they would be willing to be contacted by the media for interviews.

The resource guide will go to the media personnel, the participating organizations and there will be extra copies available for the public. The guide includes, in addition to resources; contact organizations that are willing to be interviewed by the media when a story is being compiled regarding a specific subject, name and contact information. A dictionary consisting of general terms is also included in the resource guide. There is also a list of national and local websites for reference. The last piece that was included in the guide was statistical data from across the state broken down by region.

Carol stated that the next step for the committee will be conducting training on how to work with the media, how to sell a story to the media if you have a story you want told. Also included is how to respond appropriately to the media when they contact you for information, without violating any privacy issues.

Carol said that plans to put the resource guide onto the state website are being pursued at this time. Hopefully that will happen in the near future.

### **Suicide Prevention**

*Connie Milligan – Chair of the KY Suicide Prevention Planning Group*

Connie restated the vision of the Kentucky Suicide Prevention Planning Group, to lead the Commonwealth in providing and promoting opportunities for all Kentuckians to become active in the reduction of suicide deaths and attempts.

Connie said the planning group is moving forward on their goals. They held a group retreat to review their strategic plan and set additional objectives.

Accomplishments during 2004:

- Began development of annual report on suicide in the Commonwealth via collaboration between departments.
- Development of online database.
- Held Survivor of Suicide Conference in collaboration with the National Suicide Survivor's Day.
- Submitted a conference grant application to SAMHSA.
- Trained more than 650 persons in basic suicide prevention program – Question, Persuade, and Refer (QPR).

Goals for 2005:

- Conduct a follow-up Awareness Survey to compare to the 2003 awareness survey which measured the level of awareness about suicide via six basic questions.
- Continue preparations for a suicide prevention conference in September 2005.
- Initiate the development of additional local community suicide preventions groups, targeting areas of Louisville, Northern Kentucky, Ashland and Somerset.
- Initiate development of suicide prevention groups among specific groups, specifically among higher education and pediatricians.
- Train and certify 50 additional QPR instructors.
- Train 1000 persons in basic suicide prevention (QPR).

**Commission Organization**

*Mary Lou Marzian – Co-Chair and State Representative*

Mary Lou stated that the Commission will continue to meet quarterly. The reappointments are made by statute; therefore the current members will continue to serve. The Transition Workgroup directive was the establishment of a workgroup consisting of members from HB144 Commission and HB843 Commission on transitioning children from children's services to adult services. When the status of the HB144 Commission is determined this joint ad hoc committee will be formed to move forward.

With no further business, the meeting was adjourned.

